

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	RW	32	9/6
FORMALITY REVIEW	YG	956	10/03/01
RESPONSE FORMALITY REVIEW	AM	917	11-20-C1

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	2/2/03
1	8-8-03
2	3/19/04
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32	✓
33	✓
34	✓
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37	✓
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50	✓

Claim	Date
Final	
Original	2/2/03
51	1-1-3-8-03
52	3/19/04
53	
54	✓
55	✓
56	N
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58	✓
59	✓
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61	N
62	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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10/03/9  
85  
11/20/01